Form 1120L

U.S. Life Insurance Company Income Tax Return

1005

1985

OMB No. 1545-0128

Department of the Treasury Internal Revenue Service

	Nan	ne	1	A Employer identification numbe			
print	Nur	nber and street	B Date incorporated				
Please type or print			Ī	C Check box if this is a consolidated return ▶ □			
Please	City	r or town, state, and ZIP code		insu	eck box if non-life urance companies included · · · · ▶ □		
	E C	Check box if address changed from previous year			▶ 🗆		
ome	1	Life insurance company taxable income (LICTI)—(Schedule A, line 22)		1			
Taxable Income		Limitation on noninsurance losses (Schedule P, line 9)		3			
Ta		Total taxable income—Add lines 1, 2 and 3; however, the total may not be less than line $\bf 3$.		4			
	6	Check if you are a member of a controlled group (see sections 1561 and 1563) If checked, see instructions and enter your share of the \$25,000 amount in each taxable incorrected:	come				
		this box and enter the tax from your attached schedule		6			
	7	a Totalgirtax credit (attacit form 1110)					
		• Other credits (see histractions) : : : : : : : : : : : : : : : : : : :					
		c General business credit. Check if from: ☐ Form 3800 ☐ Form 3468 ☐ Form 5884 ☐ Form 6478 ☐ Form 8007 7c					
		Add lines 7a through 7c	T	8			
		Balance of tax (subtract line 8 from line 6)		9			
		Foreign corporations—tax on income not connected with U.S. business (see Tax Computation Instru	,	10			
		Increase in tax from refiguring an earlier year investment credit (attach Form 4255)		11			
		Minimum tax on tax preference items (see instructions—attach Form 4626)		12			
Тах		Total tax (add lines 9 through 12)		13			
	14						
		b 1985 estimated tax payments 14b					
		c Less refund of 1985 estimated tax applied for on Form 4466					
		d Tax deposited with Form 7004					
		e Credit from regulated investment companies (attach Form 2439)					
		f Federal tax on gasoline and special fuels (attach Form 4136) 14f					
		g U.S. income tax paid or withheld at source					
		h Other payments (see instructions)	-	14:			
		i Total refundable credits (combine lines 14a through 14h)	· · · -	14i			
		E		15			
		Enter any PENALTY for underpayment of estimated tax—Check ► ☐ if Form 2220 is attac	nea .	16			
		TAX DUE —If the total of lines 13 and 15 is larger than line 14i, enter AMOUNT OWED OVERPAYMENT —If line 14i is larger than the total of lines 13 and 15, enter AMOUNT OVER	PAID	17			
		Enter amount of line 17 you want: Credited to 1986 estimated tax ▶ \$ Refunc		18			
Ple Sig	ase n	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	tements, a	and to reparer	the best of my knowledge and has any knowledge.		
Her	е	Signature of officer Date Title		_			
Paid		Preparer's signature Date Check is self-employed		1	parer's social security no.		
Use	arer's Only						
	,	and address ZIP Coo					

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SCHEDULE A Life Insurance Company Taxable Income (LICTI) (Section 801(b))						
1 2 3 4	a Gross premiums, etc. b Less return premiums, etc. Balance ▶ Decrease in reserves (see instructions)					
5 6 7	Net capital gain (line 10, Schedule D (Form 1120))					
8 9 10 11 12 13	Death benefits, etc					
14 15 16 17	Other deductions (attach schedule—see instructions)					
18 19 20 21 22	Gain or (loss) from operations (subtract line 17 from line 7), enter here and, if a gain, on Schedule H, line 1. Small life insurance company deduction (Schedule H, line 12)					
<u> </u>	(a) Beginning of tax year	(b) End of tax year				
1 2 3 4 5 6 7 8	Life insurance reserves (section 807(c)(1)) Unearned premiums and unpaid losses (section 807(c)(2)) Supplementary contracts (section 807(c)(3)) Dividend accumulations and other amounts (section 807(c)(4)) Advance premiums (section 807(c)(5)) Special contingency reserves (section 807(c)(6)) Total (add lines 1 through 6 in both columns) Increase (decrease) in reserves (column (b) less column (a)) (see instructions)					
9 10 11 12	Policyholders' share of tax-exempt interest (Schedule C, line 9 times Schedule K, line 26)					
SC	HEDULE C Gross Investment Income (Section 812(d))					
1 2 3 4 5 6	Interest (excluding tax-exempt interest) Dividend income (Schedule G, column (a), line 12) Gross rents Gross royalties Leases, terminations, etc. Excess of net-short term capital gain over net long-term capital loss (line 9, Schedule D (Form 1120))					
7 8	Gross income from trade or business other than insurance (attach schedule)					

Tax-exempt interest, enter here and on Schedule K, line 5 and on Schedule M, line 2d

Subsidiaries 100% dividends (sections 805(a)(4)(C) and (D))

Gross investment income (line 10 less line 11), enter here and on Schedule K, line 1

9

10

11

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SC	HEDULE E Policyholder Dividends (Section 808)			
1	Amounts paid or accrued			
2	Excess interest			
3	Premium adjustments			
4	Experience-rated refunds			
5	Total (add lines 1 through 4)			
6	Differential earning amount for mutual company only (Schedule F, line			
7	Deductible policyholder dividends (line 5 minus line 6, but not less th			
	line 11 and Schedule K, line 10			
8	Excess ownership differential adjustment (excess, if any, of line 6 over	r line 5), enter here a	and on Schedule B.	
	line 11			
9	Deductible percentage (line 7 divided by line 5)	<u> </u>	<u> </u>	9
SC	HEDULE F Differential Earnings Amount—Mutual Compan	ies Only (Section 8	309)	
			(a) End of preceding tax year	(b) End of this tax year
	Annual debugger		tax year	tax year
1	Annual statement surplus and capital			
2 3	Nonadmitted financial assets (attach schedule)			
4	Excess of statutory reserves over tax reserves on section 807(c) items Deficiency reserves			
5	Mandatory securities valuation reserve			
6	Other voluntary reserves.			
7	50% of the amount of any provision for policyholder dividends payable			
8	a Subtotal (add lines 1 through 7)	•		
_	b Adjustment for equity allocable to noncontiguous Western Hemisp			
	other adjustments			
	c Total of lines 8a and 8b, both columns			
9	Total of line 8c, columns (a) and (b)			
10	Tentative average equity base—Enter 50% of line 9		V	
11	Other adjustments		V	
12	Total of lines 10 and 11		V	
13	High surplus adjustment (section 809 (i))—attach schedule		X <i>IIIIIIIIIIIIIIII</i>	
14	Average equity base (line 12 less line 13)			
15	Differential earnings amount (line 14 times the differential earnings ra		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	on line 6, Schedule E		see instructions	
SC	HEDULE G Dividend Income and Dividends-Received Deduc	tion (See instructi	ons)	
	Dividends subject to proration	(a) Gross taxable dividends	(b) Deduction rate	(c) Deduction (column (a) times column (b))
				(2)65 column (0))
1	Certain domestic corporations		.85	
2	Certain debt-financed stock		see instructions	
3	Certain public utility corporations		.5913	
4	Certain foreign corporations		.85	
5	Certain foreign corporations		1.00	
6	Certain affiliated company dividends		1.00	
7	Gross dividends-received deduction (add lines 1 through 6 of column (c))			
8	Company share percentage (Schedule K, line 25)			
9	Prorated amount (line 7 times line 8)			
. .	Dividends not subject to proration		see instructions	
	Affiliated company dividends		see instructions	//////////////////////////////////////
11	Other corporate dividends			
12	Total (add lines 1 through 11 in column (a) and lines 9 and 10 in			
	column (c))—Enter the amount from line 12, column (a) on Schedule C line 2, and enter the amount from line 13, column (c)			
	Schedule C, line 2, and enter the amount from line 12, column (c)			

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SCI	HEDULE H Small Life Insurance Company Deduction (Section 806(b))— \$500,000,000 or more, complete lines 1 through 5, line 11, and enter	zero on line 12. (S	ee instructions)
1	Gain from operations (Schedule A, line 18)		
2	a Noninsurance income b less		
	noninsurance deductions c Balance ▶		
3	a Line 1 less line 2c		
	b Adjustments (attach schedule)		
	c Tentative LICTI (Total of lines 3a and 3b)		
4	Controlled group tentative LICTI (Schedule I, line 8)		
5	Combined tentative LICTI (line 3c plus line 4). Enter here and on Schedule J, line 1. If		
•	\$15,000,000 or more, omit lines 6 through 10. Enter zero on line 12, and line 19,		
	Schedule A		
6	Small life insurance company deduction before adjustment (line 5 times .6, but not more		
•	than \$1,800,000)	×.6	
7	Maximum statutory amount	3,000,000	
8	Subtract line 7 from line 5, but not less than zero		
9	Reduction rate (15%)—Line 8 times .15, but not over \$1,800,000	×.15	
10	Tentative small life insurance company deduction (line 6 less line 9), enter here and on	line 2 Schedule I	
11	Taxpayer's share (line 3c divided by the sum of line 3c and Schedule I, column (a), line 6).	mic E, concadio s	
12	Allowable small life insurance company deduction (line 11 times line 10), enter here and on	Schedule A, line 19	
	HEDULE 1 Controlled Group Information— (See instructions)	, , , , , , , , , , , , , , , , , , , ,	
	Company	Tentativ	e LICTI
	Company	(a) Income	(b) (Loss)
1			
1 2			
3			
3			
5			
6	Total—Add lines 1 through 5 in both columns		
7	Enter amount from (Loss) column		
8	Net controlled group tentative LICTI (line 6 less line 7). Enter here and on line 4, Schedule H		
	HEDULE J Special Life Insurance Company Deduction (Section 806(a))		
1	Combined tentative LICTI (Schedule H, line 5)		
2	Tentative small life insurance company deduction (Schedule H, line 10)		
3	Line 1 less line 2		
4			
4	territoria abasina mis misma samplina y misma di managana di managana di managana di managana di managana di m		
5	adjustment rate))	Schedule A. line 20	
	HEDULE K Company/Policyholder Share Percentage (Section 812)—Part I (See instructions)	· ····
1	Gross investment income (Schedule C, line 12)		
2	Policy interest (Schedule Line 5)		
3	Line 1 less line 2		
3 4			
5	Tax-exempt interest (Schedule C, line 9)		
6	Add lines 4 and 5		
7	Increase (decrease) in reserves (Schedule B, line 8).		
8	Line 6 less line 7		
9	Investment income ratio (line 3 divided by line 8).		
10	Deductible policyholder dividends (Schedule E, line 7)		
11	Deductible excess interest (Schedule L, line 2)		
12	Deductible excess interest (scriedule L, line 2)		
13	Deductible dividends on deferred appuities		
	Deductible dividends on deferred affidities		
14	Add lines 11 through 14		
15	Line 10 less line 15		
16	Investment portion of dividends (line 9 times line 16)		
17			
18	Policy interest (Schedule L, line 5)		
<u>19</u>	Full Cytionate is that a mount (and times 17 and 10)	· · · · · · · · · · · · · · · · · · ·	L

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SC	HEDULE K Part II	
21	Gross investment income (line 1)	
_23		1000/
24 25	Total share percentage	100%
26	Policyholders' share percentage (line 24 less line 25)	
SC	HEDULE L Policy Interest (Section 812(b)(2))	
2 3 4	Required interest on reserves under sections 807(c)(1),(3),(4),(5) and (6) — attach schedule	
	Total policy interest (add lines 1 through 4), enter here and on lines 2 and 18 of Schedule K	000
SC	HEDULE M Shareholders' Surplus Account (Section 815(c))	
1 2 3 4 5 6	a Balance at the beginning of the tax year. b Transfers under pre-1984 section 815(d)(1) and (4) for preceding year c Balance at the beginning of the tax year (add lines 1a and 1b) a LICTI (Page 1, sum of lines 1 and 2, but not less than zero) b Special deductions allowed by sections 806(a) and 806(b) (Schedule A, line 21) c Dividends-received deduction (Schedule A, line 15) d Tax-exempt interest (Schedule C, line 9) Total (add lines 1c through 2d) Tax liability for year without regard to section 815 (figure the tax on line 2a as if line 2a were taxable income) Line 3 less line 4 (do not enter less than zero) Direct or indirect distributions in the tax year (not more than line 5)	
_7	Balance at the end of the tax year (line 5 less line 6)	
SC	HEDULE N Policyholders' Surplus Account (Section 815(d))	
1 2	b Tax increase on line 2a	
_ 4	Balance at the end of the tax year (line 1 less line 3)	
SC	HEDULE O Total Assets and Total Insurance Liabilities	
	Part I—Total Assets (Section 806(b)(3)(C))	
1 2 3	Real property	As of Close of Tax Year
4	Other assets of controlled groups	

SCHEDULE 0 Total Assets and Total Insurance Liabilities—continued

	PART II—Total Insurance Liabilities (Section 813(a)(4)(B))							
Item	(a) Section	(b) Description of item	(c) Liabilities at close of tax year					
1 2 3 4 5 6 7 8 9	(a) Section 816(c)(1) 816(c)(2) 807(c)(3) 816(c)(2) 816(c)(3) 807(c)(4) 807(c)(5) 807(c)(5) 807(c)(6) 807(c)(3) 807(c)(3) 807(c)(3) 816(c)(3) 816(c)(3)	Reserve for life policies and contracts Reserve for accident and health policies Supplementary contracts without life contingencies Policy and contract claims, life Policy and contract claims, accident and health Policyholders' dividend and coupon accumulations Premiums and annuity considerations received in advance Less: Discount Liability for premium and other deposit funds Miscellaneous insurance liabilities, not included above: a Special contingency reserves for group life, health and accident insurance. b Amounts held at interest under insurance, annuity or deposit administration contracts or pension trust side funds c Funds held to provide for future conversion of policies or contracts d Amounts held pending issue of contracts supplementary to insurance or annuity contracts Other insurance liability or adjustments: (i) Reserves for mortality fluctuations (ii) Liability for insurance or annuity benefits for employees and agents f Other items (please describe):	tax year					
10		Total						
SCI	HEDULE P	imitation on Noninsurance Losses (Section 806(c)(3)(C))						
1	Noninsurance i	ncome (attach schedule)						
2	Noninsurance o	deductions (attach schedule)						
3	Noninsurance of	operations loss deductions						
4		· 3						
	Noninsurance I	oss (line 4 less line 1). If line 1 is greater than line 4, omit lines 5 through 8, and enter zero on						
6	Enter 35% of lin	ne 5						
7	Enter 35% of S	chedule A, line 22 less any noninsurance loss included in Schedule A						
8	Enter the lesser	r of line 6 or line 7						

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CHEDULE Q Additional Information Require	d (See	inst	ruc	tions)		
Check if you are a:	Yes	No	J	Did you claim a deduction for:	Yes	No
(1) Legal reserve company—if checked:				(1) Entertainment facility (boat, resort, ranch, etc.)?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Kind of company:	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			(2) Living accommodations (except for employees	\\\\\\\	X//////
☐ Stock	V			on business)?		
☐ Mutual				(3) Employees attending conventions or meetings	<i>\\\\\\\\</i>	X
Principal business:	/////////////////////////////////////			outside the North American area? (See section	<i>\\\\\\\</i>	X//////
☐ Life insurance				274(h).)	ļ	
Health and accident insurance	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			(4) Employees' families at conventions or meetings?		<u> </u>
(2) Fraternal or assessment association				If "Yes," were any of these conventions or	\\\\\\\	X //////
(3) Burial or other insurance company				meetings outside the North American area?	\ \\\\\\\	X//////
Enter the percentage that the total of your life	V//////			(See section 274(h).)		
insurance reserves (section 816(b)) plus unearned	\			(5) Employee or family vacations not reported on	\\\\\\\	X///////
premiums and unpaid losses (whether or not ascertained) on noncancellable life, health or	\			Form W-2?	,,,,,,,,,,,	<u> </u>
accident policies not included in life insurance	\		K	Were you a U.S. shareholder of any controlled	V ///////	
reserves, is to your total reserves (section 816(c))	V			foreign corporation? (See sections 951 and 957,	\ \\\\\\\\	X///////
%.	V			and the instructions.)		
Attach a schedule of your computation.	V			If "Yes," attach Form 5471 for each corporation.	\ \\\\\\\\	X //////
Do you have any variable annuity contracts			L	At any time during the tax year, did you have an in-		X //////
outstanding?	,,,,,,,,,,,	,,,,,,,,,,		terest in or a signature or other authority over a	\ \\\\\\\	X //////
(1) Did you, at the end of the tax year, own, directly	V //////X			financial account in a foreign country (such as a	V	X //////
or indirectly, 50% or more of the voting stock of	<i>\\\\\\\</i>			bank account, securities account, or other financial	\	X //////
a domestic corporation (for rules of attribution,	<i>\\\\\\\</i>			account)? (See the instructions for exceptions and	Y /////////	X///////
see section 267(c))?	011111111111111111111111111111111111111			filing requirements for Form TD F 90-22.1.)	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	,,,,,,,,,,
If "Yes," attach a schedule showing:	<i>\\\\\\</i>			If "Yes," write the name of the foreign country	\	W/////
(a) Name, address, and identifying number;	<i>\\\\\\</i>			>	\ ////////////////////////////////////	X //////
(b) Percentage owned; and	V ////////////////////////////////////		М	Were you ever the grantor of or transferor to a	\	V //////
(c) Taxable income or (loss) before NOL or	<i>\\\\\\</i>			foreign trust which existed during the current tax	V ////////	X //////
special deductions from line 28, page 1,	V ////////////////////////////////////			year, whether or not you have any beneficial	Y /////////	X////////
Form 1120 (or line 24, page 1, Form	V/////X			interest in it? (See instructions.)	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	viiiiiiii
1120-A) of that corporation for the tax year	<i>\\\\\\</i>			If "Yes," you may be required to file Forms 926,	\ ////////////////////////////////////	X //////
ending with or within your tax year.	/////////////////////////////////////			3520, or 3520A.	\ ////////////////////////////////////	
(2) Did any individual, partnership, corporation,	WARM		N	During the tax year did you maintain any of your	<i>\\\\\\\\</i>	X ////////
estate, or trust, at the end of the tax year, own,	////////		_	accounting/tax records on a computerized system?	VIIIIIIII	V///////
directly or indirectly, 50% or more of your			0	Check method of accounting:	\ ////////////////////////////////////	
voting stock (for rules of attribution, see				(1) Accrual	V ////////	
section 267(c))?				(2) Other (Specify)	\ ////////////////////////////////////	\ //////
If "Yes," attach a schedule showing—	<i>\\\\\\</i>				\ ////////////////////////////////////	\ //////
(a) Name, address, and identifying number.	<i>\\\\\\\</i>				\ \\\\\\\	\ //////
(b) Percentage owned.	<i>\\\\\\\</i>				/////////////////////////////////////	\ //////
(c) If the owner of that voting stock was a per-	<i>\\\\\\\</i>				V////////	V////////

SCHEDULE R **Reconciliation (See instructions)**

country ▶ _____ Note: If question I(2)(c) is checked "Yes," the corporation may have to file Form 5472.

SCHEDULE S Compensation of Officers (See instructions)

son other than a U.S. person (see instructions), check "Yes" and show owner's